

Exhibit 20

2001 ANNUAL REPORT CONTINUED

CORPORATE ID: 370-0

<input type="checkbox"/> NO CHANGE <input type="checkbox"/> REMOVE		<input checked="" type="checkbox"/> ADDITIONS/CHANGES ONLY	
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	
NAME:		NAME: DR. HASSAN A.A. BAHAFZALLAH	
TITLE:		TITLE: VICE PRESIDENT/DIRECTOR	
ADDRESS:		ADDRESS: 360 S. WASHINGTON STREET, SUITE 300	
CITY/ST/ZIP:		CITY/ST/ZIP: FALLS CHURCH, VA 22046	

<input type="checkbox"/> NO CHANGE <input type="checkbox"/> REMOVE		<input checked="" type="checkbox"/> ADDITIONS/CHANGES ONLY	
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	
NAME:		NAME: DR. M. YAQUB MIRZA	
TITLE:		TITLE: SECRETARY/TREASURER/DIRECTOR	
ADDRESS:		ADDRESS: 555 GROVE STREET, SUITE 116	
CITY/ST/ZIP:		CITY/ST/ZIP: HERNDON, VA 20170	

<input type="checkbox"/> NO CHANGE <input type="checkbox"/> REMOVE		<input type="checkbox"/> ADDITIONS/CHANGES ONLY	
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME:		NAME:	
TITLE:		TITLE:	
ADDRESS:		ADDRESS:	
CITY/ST/ZIP:		CITY/ST/ZIP:	

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OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>		OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>	
NAME:		NAME:	
TITLE:		TITLE:	
ADDRESS:		ADDRESS:	
CITY/ST/ZIP:		CITY/ST/ZIP:	

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